		PART E	B - FEE(S)	TRA	NSMITTAL				
JUL 17 2006 E	e fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885								
INSTRUCTIONS This for appropriate. All further confidence in the c	orm should be used for trainerspondence including the below or directed otherwisens.	nsmitting the ISSU Patent, advance of in Block 1, by (a	JE FEE and I rders and notinal a) specifying a	PUBLIC fication new co	CATION FEE (if required of maintenance fees orrespondence address	nired). Blocks 1 through 5 will be mailed to the current; and/or (b) indicating a se	should be completed when nt correspondence address a parate "FEE ADDRESS" fo		
CURRENT CORRESPONDEN		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
PERKINS, SMIT ONE BEACON S' 30TH FLOOR	I hereby certify that this F States Postal Service with			rtificate of Mailing or Tran his Fee(s) Transmittal is bei with sufficient postage for fi il Stop ISSUE FEE addres PTO (571) 273-2885, on the	nsmission ng deposited with the United irst class mail in an envelope s above, or being facsimiled date indicated below.				
BOSTON, MA 02 18/2006 EAYALEW2 0000		Jacob N. Erlich (Depos			(Depositor's name)				
FC:2501 700.00		Javenhle		lul_	(Signature)				
FC:1504 300.00				July 12, 2006		(Date)			
APPLICATION NO.	FILING DATE	FIRST NAMEI		INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
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APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	nonprovisional YES		\$700		\$300	\$1000	08/04/2006		
EXAM	EXAMINER		ART UNIT		ASS-SUBCLASS				
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CFR 1.363). Change of corresponded ress form PTO/SB/1 "Fee Address" indication PTO/SB/47; Rev 03-02 Number is required.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Burns & Levinson LLF 2 Jacob N. Erlich 3								
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	DRESIDENCE DATA TO E an assignee is identified be 137 CFR 3.11. Completion EE University Sys	elow, no assignee of this form is NO	data will appe T a substitute f (B) RESIDEN	ear on the for filing NCE: (C			document has been filed for		
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the pa	itent) :	☐ Individual XXI C	orporation or other private g	roup entity Government		
4a. The following fee(s) are Xol Issue Fee Xol Publication Fee (No s ☐ Advance Order - # o	b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-2410 (enclose an extra copy of this form).								
5. Change in Entity Status a. Applicant claims S			longer claiming SMA	No. 12001-104 LL ENTITY status. See 37 (CFR 1.27(g)(2).				
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the rec	is requested to apply the Issublication Fee (if required) vords of the United States Pate	ue Fee and Publicat will not be accepted ent and Trademark	tion Fee (if any I from anyone Office.	y) or to 1 other th	e-apply any previousl an the applicant; a reg	y paid issue fee to the applic stered attorney or agent; or	ation identified above. the assignee or other party in		
Authorized Signature <			Date <u>Jul</u>	y 12, 2006					
Typed or printed name _	Typed or printed name <u>Jacob N. Erlich</u>				Registration No. <u>24,338</u>				
This collection of informatic an application. Confidential submitting the completed at this form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313- Under the Paperwork Reduc	1430.								